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ABSTRACT

In 1991, Miami-Dade Community College (MDCC) developed a proposal for the Comprehensive Neighborhood Quality of Life Enrichment Program, a program to be based on the principles of holism, prevention, and community synergy, focusing on the treatment of individuals with many, complex, and "all-at-once" needs. The program will operate in a poor neighborhood near the college, addressing causes of pathology that arise from poverty, inadequate primary care, and lack of knowledge. As part of its role as community activist, the Medical Center Campus of MDCC will: (1) establish criteria for the selection of the neighborhood; (2) catalog demographics and community resources within the neighborhood; (3) establish a set of desired quality of life indices; (4) assist the residents in identifying priorities and strategies for building a healthy neighborhood; (5) organize and supplement agencies and volunteer groups already in the targeted neighborhood; (6) implement strategies toward health and self-sufficiency; and (7) evaluate outcomes. The program proposal includes a rationale for the program and the proposed program concept, explains the methods that will be used to identify a neighborhood, and describes the framework for planning and program implementation. Plans for developing baseline data, setting do-able objectives, and assuring mainstay elements are discussed, and special programs, services, and plans currently in place to support the project are described (e.g., Medical School for Kids, the Companion Animal Program, Project Start-Up: A Program for Single Parents and Displaced Homemakers, Health Careers for People in Public Housing, and the Hands for Health fair. Funding by the MDCC Foundation at $150,000 a year for 3 years is discussed. Members of the Wellness Institute are listed. (JMC)

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An Amazing Medical Discovery!

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A Comprehensive Neighborhood Quality of Life Enrichment Program

Revised 8/27/91

Miami-Dade
COMMUNITY COLLEGE
Medical Center Campus

JC910402

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COMPREHENSIVE NEIGHBORHOOD QUALITY OF LIFE ENRICHMENT PROGRAM

An Intensive Prevention Program to Address the Social Causes of Individual and Community Pathology in an Inner-City Neighborhood

A Program Proposal of
The Wellness Institute
at the
Medical Center Campus
Miami-Dade Community College
August 27, 1991

A lake that receives too many phosphates dies. Weed growth increases, oxygen is depleted, water temperature rise, desirable fish die off and are replaced by rough fish. Each condition feeds on and exacerbates the others. If we concentrate on cutting out the weeds, nothing much will change. The lake will still be dead, and the weeds will soon grow back. The same is true if we attack any other single element of the problem....Only by attacking all the problems at once can the ecosystem be restored.

If we spend the available resources to simultaneously attack all the problems in just 10 of the lakes, several good things will happen. First, there will be 10 fewer dead lakes. Second, the legislature, having seen that the money it appropriated in fact accomplished its purpose, will be willing to provide additional funding. Third, the effort to restore the 10 lakes will inevitably teach the restorers some things that will make their efforts in the lakes that follow more successful and cost-effective.

John C. Tucker

COMPREHENSIVE NEIGHBORHOOD
QUALITY OF LIFE ENRICHMENT PROGRAM

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EXECUTIVE SUMMARY

The Comprehensive Neighborhood Quality of Life Enrichment Program
A Program of The Wellness Institute
Medical Center Campus
Miami-Dade Community College

Dade County, and particularly the inner city area, has been seized by problems which no single group, no single agency and no single appropriation can remedy. Every problem – the high incidence of mortality among Black males, women and children; the lack of college-educated Blacks and Hispanics; a poor national image, to name but a few – is related to a number of other conditions as pervasive as poverty or as debated as racism. Any attempt to address a problem independent of other conditions which impinge upon it results in solutions which fail or are, at best, short-lived.

In keeping with the goals of The Wellness Institute of the Medical Center Campus, the Comprehensive Neighborhood Quality of Life Enrichment Program is founded on principles of holism – that is, treating people as individuals with many, complex and "all-at-once" needs – as well as principles of prevention and community synergy. Specifically, the program will promote holistic well-being in a defined poor neighborhood near the Campus by addressing causes of pathology arising from poverty, inadequate primary care and lack of knowledge. The program proposes to demonstrate that significant improvement in a neighborhood's quality of life can be achieved without massive infusion of funds, but rather by reorganizing existing resources to provide a comprehensive and holistic program of support with an enabling and preventive approach. Hence, the neighborhood will be assisted to effect solutions through alliances and coalitions in order to make it healthy on many different levels and to empower it and the individuals within it toward self-sufficiency.

The program will be coordinated by the Medical Center Campus of Miami-Dade Community College acting in the role of "community activist" to: (1) establish criteria for the selection of a neighborhood; (2) catalogue demographics and community resources within the neighborhood; (3) establish, hand-in-hand with the neighborhood, a set of desired quality of life indices using the national Healthy People 2000 model; (4) assist the residents in identifying priorities and strategies for building a healthy neighborhood; (5) organize and supplement, as necessary, agencies and volunteer groups already in the targeted neighborhood; (6) implement strategies toward health and self-sufficiency; and (7) evaluate outcomes. A Program Planning Team will ensure that results are replicable and in measurable outcomes for state and national consumption.

Quality of life indices and, hence, program strategies will be organized around comprehensive neighborhood health: economic, intellectual, psycho-social, environmental and physical. Overall, the intent of the Comprehensive Neighborhood Quality of Life Enrichment Program is to help residents help themselves individually as people and collectively as a neighborhood. Synergy – where the sum of the parts of human and institutional effort is greater than the whole – shall be derived from bases of consensus-building but, particularly, from the inclusion and, indeed, the authorship of the program by the individuals who live within the neighborhood.

The Miami-Dade Community College Foundation, Inc. has awarded a Wolfson grant of $450,000 over a period of three years to support planning and development of the program. Support from foundation and government sources will be solicited to supplement existing resources.

PREFACE

The Medical Center Campus of Miami-Dade Community College is typical of many of America's community colleges – charged by statute and tradition to offer a quality higher education to those who want it and might not be able to get it elsewhere. The Campus, however, is extraordinary by the self-imposed and moral obligation which faculty, staff and administration have assumed in building the quality of life in the seven neighborhoods which surround it: Allapattah, Edison/Little River, Grapeland/Sewell Heights, Liberty City, Little Havana, Overtown and Wynwood/Edgewater.

In the last two-and-a-half-years – with a lot of growth and hard work by faculty and staff – the Medical Center Campus has worked as broker and convener in these neighborhoods. Faculty and staff teamed up with students have gone out in cadres and couplets in these neighborhoods to tell of the personal victories that are possible if someone chooses to come to the Campus.

Victories at the Medical Center Campus come in many packages. A victory is a single mother living below the poverty level who, after completing a health career program of study at the Campus, moves from a wholly subsidized income of $8,000 into a career ladder position with a local hospital which now pays her $19,000 a year to begin a move out of public housing into low-mortgage home ownership. A victory is a young Black man of twenty-five who, alongside other subcultures and hostilities within his neighborhood, stated on national television that, "This college has changed my life." Finally, a victory is the 12-year-old disadvantaged youngster whose stay in the public school system has been extended by his self-discovered desire to be a cardiologist after a summer experience in the Campus' anatomy and physiology lab.

These are largely personal victories of yet unfolding consequence for three of many individuals. Like so many of our poor in America, these individuals come from neighborhoods where the motivation to want, to be, to do has ceased – not because of some cultural, racial or other characteristic measure but because of repeated broken promises, severed funding or fragmented or politicized social services which have encouraged dependency.

While the road to victory begins for some, it doesn't begin for enough. The will for an education does not come from within the neighborhoods where this man, woman, child and others like them live. That will must be infused from without, from within the community college and its partners – in alliance with neighborhoods – with a sensible packaging of community resources which rather than working on "clients" and "caseloads," act in unison on the "person" to build

character, valuing and long-term self-sufficiency. Education is central but not exclusive of other critical supports needed to build full "personhood."

The Comprehensive Neighborhood Quality of Life Enrichment Program, under the aegis of The Wellness Institute of the Medical Center Campus, proposes to create a model which utilizes the community college in a role as "community activist" to meet the holistic needs of the poor. More specifically, the program proposes to act as convener and coordinator of multiple community institutions to serve the "all-at-once" needs – physical, environmental, economic, intellectual and psychosocial – of one poor neighborhood in Dade County.

The community college, by it's very nature, agrees to do more than teach. It agrees to "commune" with those it serves and yet-to-be-served to create a campus of and for the community. The Comprehensive Neighborhood Quality of Life Enrichment Program is a formidable and intensive labor in community activism for the Medical Center Campus of Miami-Dade Community College and its partners. It is from this self-imposed obligation to build community and caring that this difficult but worthwhile venture begins.

RATIONALE

Individuals are complex systems under the best of circumstances. When circumstances by race, ethnicity or deprivation have hindered development, the needs of individuals are monumental. How to pay for food, shelter and health care cannot be separated from how to acquire a marketable skill. Attending school to learn a skill cannot be separated from the rigors of single-handed child-rearing, the neighborhood subcultures which impugn education and the simple ability to pay for transportation.

People are "wholes" not "parts," – meaning that they are physical, intellectual, economic, environmental and psycho-social in their needs and wants. To miss development or opportunity on any of these dimensions is to live life incompletely, deprived and incapable of nourishing one's spirit to greatness with nothing to give back to society or to another human being.

Programs to effect change among the most vulnerable of society must, therefore, meticulously match strategies to the characteristics of specific categories of individuals. Quite simply, at every step along the way of any program design and implementation, we must respond to pointed questions. What, for example, must we do for young Black males between the ages of 7 and 8 to assure that they are present and functional in society at age 25? What must we do for teenage pregnant women and their expected newborns to intervene upon their nine-month countdown to dependency on the welfare system? What must we do differently to support parents of pre-adolescents, extended families and so on so that, together, institutions are teaching and developing what – on their own – they cannot do?

Finally, prevention and intervention programs aimed at increasing self-sufficiency among the poor must use multi-institutional resources in process, design and implementation. No one can fix society alone today. Everyone is accountable, and everyone will pay the price if society is not fixed by everyone working together as both time and money run short.

The following, taken from a variety of local sources and the last published census, illustrate the webbed problems in the City of Miami and Dade County:

1. <u>In Miami 85% of the Black and 78% of the Hispanic populations have NO college education.</u>

   (How are our community of resources being "pooled" to immerse these educationally lost people in experiences which help them make the thoughtful connection between

education and a better quality of life from within their neighborhoods?)

2. **In many areas of the Campus' seven target communities --- Allapattah; Edison/Little River; Grapeland Heights/Sewell Park; Liberty City; Little Havana; Overtown; Wynwood/Edgewater --- there has been as much as a 241% increase in the number of single heads-of-household living at below the poverty level with dependent children.**

(How are our community of resources being "pooled" to build families -- even where there's only one adult [and every child has at least one] -- and being taught to be caring adults, or, to explore the history of a decayed neighborhood in order that they might restore belonging, value and pride where their children are growing up?)

3. **Within the last 12 months Dade County has given birth to 1,700 cocaine-addicted newborns.**

(How are community resources being "pooled" to design new community prevention models so that all -- but especially teenage males and females -- have many awarenesses about prevention, about economic alternatives to welfare if faced with life as a very young single parent and about the consequences and needs of intellectually-impaired, cocaine-addicted infants who may not even make it through elementary school?)

4. **Dade County forecasts a 20% increase in AIDS patients and a 60% increase in trauma victims within five years.**

(How are community resources being "pooled" so that, as good stewards, we do not just allow the next five years to unfold without some concerted attempt to intervene and prevent?)

5. **Miami and Dade County have been beset by periodic restlessness beginning with the 1980 riot in Liberty City; disturbances in Overtown in 1982, 1984 and 1989; Haitian protests extending more than a decade; Cuban protests in the suggested re-naming of Little Havana; a boycott subsequent to Nelson Mandela's visit; and, continuing most recently with protests by the Puerto Rican community in Wynwood.**

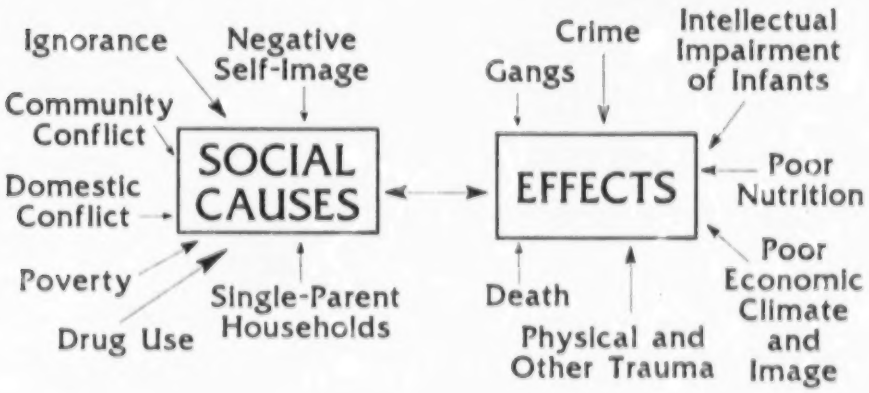
(How are community resources being "pooled" to effect long-term solutions of

leadership, community service and peacemaking – even if it's making peace with another person – so that young people know about, practice, give to and participate in community tomorrow?)

THE PROPOSED PROGRAM CONCEPT

The Comprehensive Neighborhood Quality of Life Enrichment Program proposes to create a quality of life index in a defined, poor neighborhood near the Medical Center Campus of Miami-Dade Community College. The community college will coordinate the existing and supplemental resources in an "all-at-once" approach to bring the neighborhood into holistic balance – educationally, economically, psycho-socially, environmentally and physically for tangible, measurable results on a variety of levels. The following graphically illustrates the assumptions about the social causes of a poor human and community condition; these assumptions underlie the neighborhood program:

Pathology and Social Conditions at its Roots

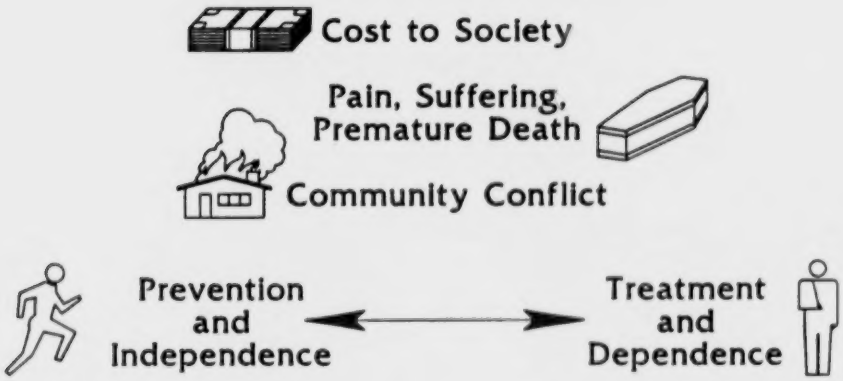


Essentially, the Comprehensive Neighborhood Quality of Life Enrichment Program looks toward bridging the gap between where people are and where they would like to be. It will do so by a practical and strategic application of existing community resources, funded and volunteer, to the interlocking problems of a poor neighborhood in inner-city Miami.

In an even more fundamental way, the program is conceptually based on the over-arching principle that prevention – the effort to deter pathology, to teach preventive knowledge and to intervene on the quality of life at all levels – must occupy a position of greater prominence in our community values and in the objectives and priorities of the public institutions of Dade County.

These concepts are described below as well:

Prevention/Treatment Continuum



Many of the County's social and health problems have reached an acute stage. They are bred from a set of conditions that include poverty, racism, ethnic divisiveness, an ambience of failure and demoralization, low self-esteem, the absence of values and social dependency. As a culture, however, we tend in our policies and in our health and social service agencies, to be predominantly occupied with treatment of the isolated effect – after it's too late – rather than with these more fundamental and deeply-embedded sources of pathology.

For example, in Florida one-third of Black males between the ages of 18 and 33 are under the control of the courts. A prevention approach in this context would be to analyze what can be done to intervene upon Black males at age 7 and 8 to assure that they are gainfully and functionally present at ages 18 to 33. In general, the goal of this program is to move individual and neighborhood behaviors from the right (treatment) to the left (prevention) of the continuum.

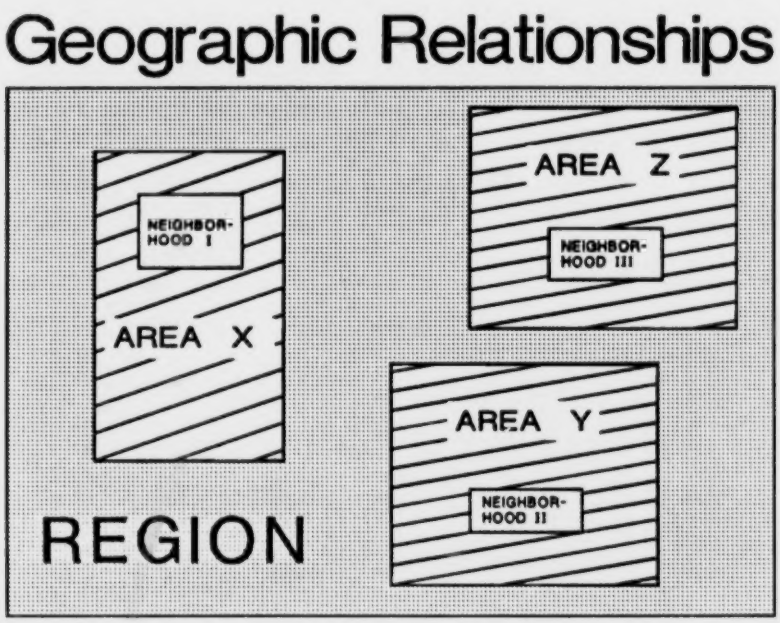
IDENTIFICATION OF A NEIGHBORHOOD

One of the difficulties in identifying a neighborhood relates to substance, that is, what defines a neighborhood. Another difficulty in identification relates to procedure, that is, how – in the context of complex social factors – to actually go about selecting the geographical boundaries of a neighborhood for program implementation.

To facilitate understanding and selection of a neighborhood, the following operational definitions shall apply:

1. region: the boundary lines of the portion of Dade County to be improved. A region of approximately 30,000 residents.
2. area: a smaller geographic parcel within the region which will be used primarily to facilitate resident participation in the selection of a target neighborhood for program implementation
3. neighborhood: the smallest unit of people living near one another which is within the area and which also possesses the selection criteria

The diagram below illustrates these region, area and neighborhood relationships:



The long-term goal of the Comprehensive Neighborhood Quality of Life Enrichment Program is to utilize methods of prevention to transform one entire and rather sizeable geographic region of Dade County from a state of poverty and dependence to a "healthful" state of self-sustenance and independence. The approach of changing a region, neighborhood by neighborhood, is somewhat akin to putting in an intensive and well-designed effort of labor to produce just one small patch of a quilt and adding other patches later until the entire quilt – the region – is functional.

Due to the size and complexity of the region, the more immediate goal is twofold:

1. First, the program will form a consortium of human service providers within the region who agree to:
   a. develop collective goals for the consortium;

b. coordinate their services to the region;

c. provide priority service to a model neighborhood;

d. begin laying groundwork for expansion to other neighborhoods within the region; and

e. develop a comprehensive service plan and coordinate that portion of funding requests and grant proposals for implementation of the plan.

2. Second, a neighborhood within the region will be selected to serve as the model target of priority services – coordinated in alignment with desired changes sought by the neighborhood's residents.

The selection of a neighborhood for piloting a quality of life index at the Comprehensive Neighborhood Quality of Life Enrichment Program level is of primary importance. It is in the microcosm of a neighborhood that: (1) the basic infrastructure for coordinating many diverse community resources of policy and state levels will be designed and tested; (2) resident participation and volunteerism will be organized and mobilized; and (3) results can be measured for future expansion into a Dade County Quality of Life Index.

The following identification criteria were identified by the Wellness Institute Board of Advisors to guide the selection of a model neighborhood to be served by the Comprehensive Neighborhood Quality of Life Enrichment Program:

1. The neighborhood should be of a size and complexity to allow successful implementation of the program.
2. The neighborhood should have some potential for cohesion and homogeneity derived from association with such institutions as an elementary school service area or a public housing area and its immediate surroundings.
3. The neighborhood should contain or be served by an adequate mix of resources.
4. The neighborhood should be age and gender-balanced having a good representation of young Black males.

Supplemental criteria have been added for further assistance in the selection of the neighborhood:

5. The neighborhood should be one which typifies local, state and national needs of poor inner-city communities.
6. The neighborhood should have inner city density and complexity.

7. The neighborhood should exhibit barriers which create or add complexity.

8. The neighborhood should have a history, persistence or acuteness of problems.

The procedure of selection will be conducted as follows:

1. Three (3) potential areas within the proposed region will be identified according to the criteria to include an inventory of the demographics, social makeup and resources in each;
2. One (1) neighborhood will be selected by closer application of the criteria.
3. The neighborhood will be more intensively inventoried for final approval and program implementation.

A FRAMEWORK FOR PLANNING AND PROGRAM IMPLEMENTATION

The Comprehensive Neighborhood Quality of Life Enrichment Program is concerned predominantly with cause-focused prevention at all levels of human existence – not just with physical fitness nor even simply with physical health, as essential as they are to the goals of this program, but with prevention that goes to the roots of pathology. The program, however, proposes to move well beyond the dominant prevention model – that of early identification of pathology through screening, diet and knowledge of prevention – into more sweeping quality of life strategies that include economic, environmental, psycho-social, intellectual and cognitive objectives. With poverty as a common denominator of so many problems, for example, occupational training, economic development interventions, self-esteem and self-sufficiency objectives will be key program elements.

In brief, the program will seek to synthesize strategies that bring coherent, well-coordinated and sustainable solutions to the closely-related sets of problems that lie at the roots of pathology, including those that perpetuate community discord and cyclical social dependency. In approach, it will treat the individual not as a "client," a "case load," a "welfare recipient," an "unemployed worker," or a "medically-needy indigent," but, rather, as a whole human being.

Planning for the Comprehensive Neighborhood Quality of Life Enrichment Program will be conducted along dual paths. The following abbreviates a more labor-intensive and consensus-building process to include neighborhood residents and community providers:

1. A geographical region with approximately 30,000 in population will be identified as in the previous section.

2. An inventory of existing resources and demographics will be catalogued.

3. Interviews and charettes with residents and providers within the area will be conducted about the quality of life conditions they seek for themselves and the neighborhood in which they live.

4. A quality of life index, that is, targets and indicators of "health" of the neighborhood will be established.

5. The community college – in alliance with neighborhoods and the community resources within them and others where gaps exist – will develop and implement coordinated strategies for meeting indicators of progress on the quality of life index.

Developing Baseline Data

The process of developing baseline data will have a clear beginning and an end. That is, the project will steer clear of getting lost in a mire of data. Yet, priority baselines will be established in order to provide: a foundation for gauging needs of individuals within the neighborhood; a structured approach on the coordination and infusion of resources, programs and services; and targets to recognize when progress has been made.

Questions guiding this process of baseline data development will include:

1. What is the institutional composition of the neighborhood – public housing, schools, churches, social service agencies, health clinics, community action or neighborhood associations? How well are these working?

   What social, health and occupational or economic development programs are already in place? What programs have recently been tried and have stopped or failed?

2. What are the neighborhood's principal health and social problems? What are its health, mortality and crime statistics? What are its social and economic indicators (families in poverty, joblessness, indigence, conditions of its housing stock, homelessness)? What, in the perception of the neighborhood, are its principal problems?

3. How developed is the social and business infrastructure? How actively engaged are the business community, institutional community and other organized groups in addressing the problems of the larger neighborhood? How effective are they? What is the status of inter-institutional cooperation? Who are the large employers? Are

there jobs available in or near the neighborhood?

4. What are the characteristics of the neighborhood and public housing that indicate it will be a workable setting for a comprehensive, cause-focused campaign of prevention? Is there motivation to improve conditions in the neighborhood?

5. Where is the will to improve, to act and to change present, absent and, if absent, who must infuse the will from without?

Through this inquiry, a baseline profile of the neighborhood will be compiled on a series of manageable, pre-selected indicators. These, by example, might include poverty, joblessness, indigence, homelessness, controlled substance abuse, crime, school grades and drop-out rates, incidence of teen pregnancy and low birth weight/handicapped/cocaine positive infants, risk prone kindergarten through fifth-grade males, gang/individual/family violence, incidence of sexually transmitted diseases, neighborhood perceptions of danger and neighborhood morale.

Setting Do-able Objectives

Setting do-able objectives of the program will be essential. It will be done by combining independent staff assessments, neighborhood perceptions and involvement of the Board of Advisors of The Wellness Institute and a Program Planning Team.

The Program Planning Team is conceived as the core oversight body for the Comprehensive Neighborhood Quality of Life Enrichment Program. It would be representative of the alliance of institutions, community groups and individuals who have a role, responsibility or beneficial interest in such a neighborhood turn-around endeavor and upon whom coordinated solutions will ultimately rely. It will include, among others, representatives of:

1. Social service, health and community action agencies
2. HUD – local, county and state
3. Tenant councils in public housing projects
4. The public school system – elementary, middle school and high schools
5. Metro-Dade government
6. The City of Miami
7. The United Way of Dade County
8. Local foundations
9. Churches

10. Law enforcement and other public safety

11. Miami-Dade Community College

12. Jackson Memorial Hospital/UM School of Medicine and other institutions within the medical complex such as the Mailman Center at the University of Miami

13. Social scientists, ethnologists and other experts in fields related to the objectives of the program

14. Individuals representative and articulate of the needs of young people, older adults, single parents and other at-risk groups

The Planning Team, with staff of The Wellness Institute facilitating, would set the scope and details of program goals, objectives and priorities. This would be done in the context of the forging of a neighborhood agenda which incorporates, on the one hand, training and education related to fundamental issues of economics with, on the other hand, health and prevention programs concerned with equally substantive aspects of enriched quality of life, child care, housing, self-determination and self-sufficiency.

The Team would:

1. Engage and oversee allied institutions and human resources in that agenda to facilitate inter-institutional and resource coordination on specified program objectives;

2. Engage and develop direction, self-determination and self-help with individuals in the neighborhood;

3. Develop scenarios for funding program components, including state and federal health, housing and economic development programs and private foundations;

4. Establish any additional structures for planning and implementation; and

5. Publish and disseminate progress reports.

Assuring Mainstay Elements

Poverty, as the paradigm on page 7 indicates, breeds and compounds many of Dade County's social and health problems. To say that obliterating poverty is the only way to fix the social and health problems which plague parts of Dade County is probably true. That, however, is a tall order and cuts us short on our powers of intellect and creativity leaving us no alternatives about how to begin to make economic and social change.

Facilitating exposure to occupational training programs – particularly in health careers, the

visitor industry and others where demand is high – will necessarily be a backbone of the program. Other mainstays which cut across the quality of life issue would be identified. For example, it is unreasonable to expect a single-parent in subsidized housing to attend class regularly to prepare for a waiting job without also tending to personal needs for individual self-esteem, child care, transportation and a housing environment which is supportive of learning.

The Planning Team, in consultation with project staff and The Wellness Institute Board of Advisors, would identify and assure fidelity to critical mainstay elements. These elements would serve not only to ensure long-term results but to make an otherwise overwhelming venture manageable.

SPECIAL PROGRAMS, SERVICES AND PLANS CURRENTLY IN PLACE TO SUPPORT THE PROJECT

Over the last three years, the Medical Center Campus, by charge of its Community Advisory Council for Strategic Planning, has made a conscious effort at reaching out to the neighborhoods around it – even as budgets were severely reduced, faculty and staff familiarity with the needs of those neighborhoods was limited and Campus infrastructure was not ideal. During that same period of time, the Campus has achieved identity as "An Amazing Medical Discovery!" – not on an expensive public relations campaign but on people power and program power.

People within the Campus have embraced the surrounding area as a cause; people from within the community have participated in the design of critical processes and strategies; and, finally, people have formed practical coalitions with the Campus for enormous returns to all but especially to community residents – young and old – who are at the center of those arrangements. Of well-timed importance is the Medical Center Campus specialization in health careers programs and its adjacency to one of the largest medical complexes in the Southeast. The Campus is both a symbolic and real bridge between waiting jobs at its back door and unemployment in the seven targeted neighborhoods at its front door.

On the one hand, the shortage for health professionals is both burgeoning and alarming as hospitals and health care agencies throughout Dade County, in sheer survival, continue to escalate foreign recruitment at costs of up to $20,000 per recruit. On the other hand, the Medical Center Campus sits at the center of seven target neighborhoods who have, for generations, suffered from an

absence of education and employment.

The following programs, services and plans have given the Medical Center Campus an expert and rehearsed advantage on the types of support which would be required in order to implement the neighborhood program:

1. **Medical School for Kids**

   The Medical School for Kids is a summer dropout prevention program offering at-risk youngsters learning activities which create an early interest in the health and medical professions. The program includes an orientation to Nursing and Allied Health programs, science instruction and experiments, CPR training and field trips to hospitals, Epcot and other places which create the incentive to stay in school and claim the rewards of a health career.

2. **Companion Animal Program**

   The Companion Animal Program is funded by the W.K. Kellogg Foundation. Through the cooperative efforts of the Medical Center Campus, the Dade County Public Schools and numerous civic and private institutions, it promotes intellectual health in potential elementary, middle school and high school dropouts. Collaborative programs allow children to build self-esteem and a sense of other-awareness by caring for and interacting with animals and their environment in the context of service to the elderly, the handicapped, the environment and their peers.

3. **Project Start-Up: A Program for Single Parents and Displaced Homemakers**

   Project Start-Up is a comprehensive program that assists single parents and displaced homemakers to learn about the health care professions and the personal and educational adaptive behaviors they must make for entering those fields. The program includes a six-week core course (Introduction to Health Care Careers); study skills enhancement; and individual career, personal and social counseling. Support groups and a mentor program will be implemented soon.

4. **COPE North (DCPS) and Medical Center Campus (M-DCC) Partnership**

   Miami-Dade Community College Medical Center Campus and the Dade County Public Schools are piloting a dual enrollment project with COPE-North (Continuing Opportunity for Purpose-

ful Education) students. To avert dependency on public assistance as very young single parents, teenage pregnant women are given course work, mentoring, financial aid advisement and career counseling into health career programs for jobs waiting upon graduation.

5. **Parent-Child Scholarship Program**

The Parent-Child Scholarship Program is designed to provide single-parent students with a one-year $5,000 scholarship. The scholarship will pay for the cost of in-state tuition and fees, books and the equivalent of one child's day care costs. The recipient, upon graduation and employment, agrees to: (a) act as a mentor to another scholarship recipient; and (b) pay the equivalent of one-month's child care costs into an emergency fund.

6. **Community Needs Assessment to Drive the Comprehensive Campus**

A community-wide needs assessment with special emphasis on the seven target communities is being implemented in conjunction with community agencies. The assessment will maximize relevance in education and service to Blacks, Hispanics and other groups for creating racial and gender equity within these target areas. The needs assessment findings will serve as a basis for instituting new programs/services or changes in current operations thereby redefining a more comprehensive and neighborhood-sensitive mission for the Medical Center Campus.

7. **Health Careers for People in Public Housing**

The Health Careers for People in Public Housing is a partnership between the Medical Center Campus and the Private Industry Council (PIC)/South Florida Employment Training Consortium (SFETC) in collaboration with Metro-Dade Housing and Urban Development (HUD). The program provides health career education and training to people living in public housing. The immediate goal is to place graduates in high-demand health care occupations; the distal goal is to create self-sufficient members of the community by empowering a move out of dependency on public assistance.

8. **Hands for Health**

Hands for Health is a health fair currently being organized with Jackson Memorial Hospital, Cedars Medical Center, South Florida Hospital Association, University of Miami School of Medicine and Lindsey Hopkins Technical Education Center among others to provide informa-

tion on health care and health career education to the community. Target groups will include primarily young Black and Hispanic males and middle and high school students, parents/guardians and educators.

FUNDING

The Miami-Dade Community College Foundation, Inc. will fund the planning of the Comprehensive Neighborhood Quality of Life Enrichment Program at $450,000 ($150,000 a year for three years) with Wolfson funds. Funds will be utilized toward the design and planning of the project and identification of the supplementary funding sources.

Funding for this type of program is extremely favorable given Secretary Louis Sullivan's emphasis on prevention, Florida Governor Lawton Chiles' concern for women and children and the re-orientation of major foundations toward building community around issues of health, education and leadership.

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